

Teenagers and young adults with severe autism are spending weeks or even months in emergency rooms and acute-care hospitals, sometimes sedated, restrained or confined to mesh-tented beds, a Kaiser Health News investigation shows.

These young people — who may shout for hours, bang their heads on walls or lash out violently at home — are taken to the hospital after community social services and programs fall short and families call 911 for help, according to more than two dozen interviews with parents, advocates and physicians in states from Maine to California.

There, they wait for beds in specialized programs that focus on treating people with autism and other developmental disabilities, or they return home once families recover from the crisis or find additional support.

Advertisement - Continue Reading Below

Sixteen-year-old Ben Cohen spent 304 days in the ER of Erie County Medical Center in Buffalo, N.Y. His room was retrofitted so the staff could view him through a windowpane and pass a tray of food through a slot in a locked door. His mother, who felt it wasn't safe to take him home, worried that staff "were all afraid of him ... (and) not trained on his type of aggressive behaviors."

The hospital "is the incredibly wrong place for these individuals to go in the beginning," said Michael Cummings, the Buffalo facility's associate medical director and a psychiatrist who worked on Ben's case. "It's a balancing act of trying to do the ... least harm in a setting that is not meant for this situation."

Nationally, the number of people with an autism diagnosis who were seen in hospital ERs nearly doubled from 81,628 in 2009 to 159,517 five years later, according to the latest available data from the federal Agency for Healthcare Research and Quality. The number admitted also soared, from 13,903 in 2009 to 26,811 in 2014.

That same year, California's state health planning and development department recorded acute-care hospital stays of at least a month for 60 cases of patients with an autism diagnosis. The longest were 211 and 333 days.

The problem parallels the issue known as psychiatric boarding, which has been an increasing concern in recent years for a range of mental illnesses. Both trace to the shortcomings of deinstitutionalization, the national movement that aimed to close large public facilities and provide care through community settings. But the resources to support that dwindled long ago, and then came the Great Recession of 2008, when local, state and federal budget woes forced sharp cuts in developmental and mental health services.

"As more children with autism are identified, and as the population is growing larger and older, we see a lot more mental health needs in children and adolescents with autism," explained Aaron Nayfack, a developmental pediatrician at Sutter Health's Palo Alto Medical Foundation in California who has researched the rise in lengthy hospitalizations. "And we have nowhere near the resources in most communities to take care of these children in home settings."

So, families struggle — with waiting lists for programs, low pay for government-supported in-home help and backlogged or ineffective crisis support. Often they've faced some of these challenges for years. Autism is a neurodevelopmental disorder typically diagnosed at a young age and characterized by impaired communication, difficulty with social interaction and repetitive behaviors that fall along a spectrum of mild to severe.

Adolescents and young adults with severe autism may still have the mental age of a child, and short-term care to stabilize those in crisis who are nonverbal or combative is practically nonexistent. Longer-term care can be almost as hard to find. It must be highly specialized, usually involving intensive behavioral therapy; someone with severe autism gets little benefit from traditional psychiatric services.

General hospitals “are not really equipped to handle someone who is autistic,” said Mark De Antonio, director of adolescent inpatient services at Resnick Neuropsychiatric Hospital in Los Angeles. Several times a month, he said, he hears about patients with no immediate care options being medicated and sedated as they’re held. “It’s a huge problem.”

In New Hampshire this summer, 22-year-old Alex Sanok spent a month in Exeter Hospital after he became violent at home, breaking windows and hurling objects at walls. His mother called 911, and paramedics spent half an hour trying to calm him before restraining him.

At the hospital, his wrists and ankles were strapped to an ER bed for the first week, and he spent several more weeks in a private room before he could be transferred, according to his mother, Ann Sanok. State agencies that handle developmental disabilities and mental health offered little help, she said.

As the days passed, she said, she and her husband wondered: “What if (Alex) escalates again, what are we doing to do? We were getting no answers. Everyone seemed to kick the can down the road.”

Exeter Hospital said in a statement that its policy is not to use restraints unless there is an “imminent threat to patient or staff safety” and that any use is reviewed hourly. Sanok was moved in June to a residential school for those with special needs in Massachusetts, where his mother said he is doing well.

The federal government does no routine tracking of how autism is treated in ERs, but many experts say the problem of lengthy and inappropriate stays is nationwide and growing. Kaiser Health News identified some of the more extreme cases through interviews with autism and disability advocates, physicians and families in California, New Hampshire, New York and six other states: Arizona, Connecticut, Maine, Maryland, Michigan and Rhode Island.

Nancy Pineles, a managing attorney with the nonprofit group Disability Rights Maryland, said a group home took one young adult to a Baltimore ER earlier

this year after he hit a staff member. And that's where he remained for several weeks before the hospital moved him to a room in its hospice wing, she said — not because he was dying, but because there was nowhere else for him to go.

Such cases have been “on the increase,” Pineles said. “People with autism and more intense behavioral needs are just being frozen out.”

In Connecticut, the head of the state's Office of the Child Advocate told lawmakers during a hearing on disability issues in May that the problem had reached a “crisis” level.

Private-insurance data underscore the concerns. In a study published in February in the Journal of Autism and Developmental Disorders, researchers from Pennsylvania State University found that young people ages 12 to 21 with autism are four times more likely to go to the emergency room than peers without autism. Once there, they are 3½ times more likely to be admitted to a hospital floor — at which point they stay in the hospital nearly 30 percent longer.

The analysis, based on a sample of 87,000 insurance claims, also showed that older adolescents with autism are in the ER more than their younger counterparts. The percentage of their visits associated with a mental health crisis almost doubled from 2005 to 2013.

“You're looking at an increase in unmet need,” said Nayfack, who with Stanford University colleagues documented a similar trend from 1999 to 2009 in hospital admissions for young Californians with autism. By contrast, they found, hospitalization rates held steady during that decade for children and teens with Down syndrome, cerebral palsy and other diagnoses.

Tyler Stolz, a 26-year-old woman with autism and a seizure disorder, was stabilized after a few weeks in a Sacramento, Calif. hospital, yet she remained there 10 months, according to Disability Rights California, an advocacy group that described her case in its 2015 annual report.

Ultimately, Mercy San Juan Medical Center went to court to demand that Stolz's public guardian move her. The court filing noted that Stolz "previously harmed hospital staff" and that "a security officer is posted to the patient's room 24/7."

Although her conditions no longer required her hospitalization, they still "represent dangers to defendant and possibly to others if she were discharged to the community," the facility contended. "There is no safe place for the client to go."

The advocacy nonprofit helped place Stolz at a Northern California center that offered intensive behavioral therapy, recounted Katie Hornberger, its director of clients' rights. The medical center did not respond to a request for comment, but two years after an investigator found Stolz in a bed covered by a mesh tent, the case remains vivid in Hornberger's mind.

"I don't believe we put people in cages," she said.

New York Stands Out

Some of the longest hospital stays in the nation, averaging 16.5 days, occur in New York state.

James Cordone, 11, spent seven weeks in a Buffalo, N.Y., children's hospital in a tent-like bed, with a hospital receptionist or instrument sterilization tech in his room at all times, his mother said. The difficulty families like hers face is "the dirty little secret no one wants to talk about."

Debbie Cordone of Cheektowaga, N.Y., was a retired police dispatcher who had raised her own children when she and her husband adopted James as a toddler. Diagnosed with autism at 3, James was a boy with a bright smile who loved to cuddle, she said. At 8½, James began to grow combative. To ward off injury, the Cordones locked up their knives and forks and put away glass picture frames.

But then their son started head-banging — a problem with some children who have a severe case of autism. The Cordones' house bears the scars of his pain, including holes in the drywall and a shattered window.

On his 9th birthday, in December 2014, James went into a rage, Cordone said. It took four adults to restrain him.

“He was trying to put his head through the window, sweating profusely,” she said. “He was not there. It was a blank stare.”

The family called 911. James was taken to the Women & Children's Hospital of Buffalo, where he was sedated on and off for 13 days. He went home, but a fit of rage a few months later landed the young boy in the same hospital for seven weeks in March 2015. “We couldn't ride out the storm any longer,” Cordone said.

Cordone said her son lived out those weeks in a “Posey Bed,” which resembles a child's playpen propped on top of a hospital bed. During that time, she joined her adult children in a social media campaign to pressure her insurer to pay for intensive behavioral therapy.

The family prevailed, and James went to a center in Baltimore where staff — three counselors for his case alone — focused on his communication skills and adjusted his medication. He now lives in a group home near the Cordone family. He is “a success story,” Cordone said, albeit a rare one among children with severe autism.

“This is a crisis,” she said, “and no one is recognizing it.”

Women & Children's Hospital of Buffalo did not return calls seeking comment.

Mary Cohen, who also lives in the Buffalo area, has endured a similar struggle as a single mother. Ben's 6-foot-1, 240-pound presence dwarfed her petite frame.

She began locking herself in a basement room to escape his outbursts, while still monitoring him via cameras she'd installed throughout the house to make sure he was safe. As the lock-ins became more frequent, she realized, "I can't keep going like this." She found a nearby group home, covered by his disability and Medicaid payments, that could accommodate Ben.

On Aug. 1, 2016, it all imploded. Medication changes and an ear infection triggered a rage, Cohen said, and Ben hurt one of the staff members. Someone called 911, he was taken to the psychiatric emergency room at Erie County Medical Center, and a waiting room there is where he lived until early this summer.

"Staff was on the other side of the window watching him 24 hours around the clock," Cohen said.

Though a 304-day stay is a record there, cases like this have surged at the hospital, said Cummings, its executive director of behavioral health. They spurred him to launch a grant-funded home-visit program aimed at keeping families who have children with autism from reaching a breaking point. He and his clinical partner have counseled nearly 400 families to help manage their youngsters' medications and find services, and their ER visits have dropped by nearly 50 percent, he said.

"It's money best spent now, because you're going to spend it in the end," stressed Scott Badesch, president of the Autism Society. The organization, well aware of what Badesch calls hospital "warehousing," is pushing lawmakers nationally to spend more on behavioral counseling and in-home support for families.

A bed finally opened up for Ben at Baltimore's Kennedy Krieger Institute — a private, highly regarded facility that offers intensive therapy, psychiatry and family coaching. Cohen held out for a placement there, hoping the staff could turn Ben's behavior around. The teen and his mother made the 360-mile trip in June by ambulance and plane.

"I want to do the right thing for him," Cohen said. "Because one day I'm not going to be there for him."

Kaiser Health News, a nonprofit health newsroom whose stories appear in news outlets nationwide, is an editorially independent part of the Kaiser Family Foundation.

AUGUST 22, 2017
AFFORDABLE HOUSING FINANCE

Mercy Housing Closes First Deal With California Certificated Credits

The new credit will help finance an 80-unit development.

By [Donna Kimura](#)

Mercy Housing California has closed a deal to use “certificated” state housing credits on its latest affordable housing development.

The transaction will help finance the development of the 180 West Beamer Street development in Woodland, Calif. The new 80-unit community will serve low-income families, with 32 units set aside for special-needs residents.



Construction is under way on the 180 West Beamer Street project in Woodland, Calif. The 80-unit development by Mercy Housing California is believed to be the first deal to close on financing that uses certificated state housing tax credits.

The deal with investor U.S. Bancorp Community Development Corp. (USB CDC) is believed to be the first transaction using certificated credits to close in the state.

The team faced the challenges that come with using a brand-new program, including creating new documents and working through deadlines and pay-in schedules that differed from those used in traditional credit transactions, according to Stephan Daues, Mercy Housing’s director of real estate division for the Sacramento region.

However, the approximately \$30.7 million development was able to secure a higher price for its state housing credits that will eventually result in additional equity for the development of 180 West Beamer.

The deal comes after California leaders made changes to the law to allow for the certification of state low-income housing tax credits (LIHTCs) under a three-year pilot. Traditionally, LIHTCs are allocated to developers, who then sell them to an investor, usually in the form of a limited partnership interest. Certificated credits differ in that they are sold outright to investors who take no ownership interest in the development. This eliminates the impact of the state credits on an investor's federal tax liability, allowing an investor to offer higher pricing.

State credits in California have recently sold for about 65 to 75 cents per dollar of credit, but officials think that the certificated credits could generate 90 to 95 cents per dollar of credit. That could result in about \$20 million in additional equity to California projects and ultimately more affordable housing being built.

Under the new state program, participating developments must receive at least 80 cents per dollar of credit. For the Woodland project, an increase from 65 cents to 80 cents meant approximately \$750,000 more in equity.

Mercy Housing, working with its partner New Hope Community Development Corp., received a reservation of approximately \$5 million in state housing credits and \$1.5 million in federal housing credits in 2016. Like many other developers, the team was hit with the double whammy of cost increases and lower LIHTC prices late last year, Daues says.

Federal LIHTC prices dropped sharply after the November election as the prospects of tax reform increased with Donald Trump in the White House and Republicans in control of the House and Senate. Trump has called for slashing the business tax rate from 35% to 15% while members of Congress will likely be eyeing a rate in the 20% to 25% range. While a change in the tax rate does not affect the value of the tax credits themselves, it can impact depreciation and other tax losses that are part of the investment.

The California Tax Credit Allocation Committee (CTCAC) provided an opportunity for 2016 projects to exchange their state housing credits for certificated credits to raise additional financing. Mercy Housing and New Hope decided to make the move to raise additional financing for their development.

The deal was compelling to USB CDC for several reasons, according to Vihar Sheth, senior vice president, director of business development, affordable housing tax credit investments, at the firm, noting that the bank has had a close relationship with Mercy Housing.

In addition to the longtime ties, the nonprofit developer's latest project stood out from a mission standpoint because the development will serve a special-needs population in need of quality affordable housing.

Looking at certificated credits in general, both developers and investors can benefit, Sheth says.

For the investor, the fundamental difference is the allocated credit is treated as income so the value of it is automatically reduced by the amount of the federal tax you have to pay, which is why the pricing is lower. Certificated credits are considered personal property and can be used to reduce an investor's state tax liability but not have it impact the investor's ability to deduct state taxes from their federal taxable income, allowing for the pricing to be higher.

There's also another advantage. Under the program, CTCAC reserves certificated credits in the name of the nonprofit partner in the development. The nonprofit can then sell the credits to one or more investors, with the law allowing each initial investor to resell the credits one additional time.

"With the certificated credit being transferrable, it also increases the amount of people who can access it without having to have the expertise and the staff to close into an affordable housing deal," Sheth says. "... It's a win-win for everybody."

Construction on 180 West Beamer started in June. Twenty units will receive project-based Sec. 8 assistance from Yolo County Housing, the region's affordable housing and community development agency, which also provided a no-cost 99-year land lease to make the project happen.

Bingaman, Sonya@SCDD

From: Autism Society San Francisco Bay Area
<info=sfautismsociety.org@mail236.sea51.mcsv.net> on behalf of Autism Society San Francisco Bay Area <info@sfautismsociety.org>
Sent: Monday, October 02, 2017 8:28 AM
To: Bingaman, Sonya@SCDD
Subject: Registration now open for SFASA's big December 2 conference!



Dear Friends,

We are excited to **open registration for Autism Society San Francisco Bay Area's 2017 adult autism/DD conference**. Based on feedback from last year's event we stuck with some familiar themes but added topics such as housing, social engagement, employment and advocacy.

Needless to say, these are not easy times in the world of adult autism. Support providers are under tremendous financial and operational pressures, the housing crisis is grave, and threats to Medicaid (which funds at least 40% of our adult system) persist.

At the same time, many people are doing tremendous work to serve our rapidly growing community of adults, and we're featuring several of their stories. So mark **Saturday, December 2** on your calendars for this packed day of learning at Stanford. Please note that our conferences have all sold out in the past, so if you'd like to attend, perhaps don't procrastinate (too much).

We look forward to seeing you there!

Jill Escher, Feda Almaliti and Stephen Prutsman, chairs

Saturday, December 2, 2017, 8am-5pm • Stanford University LKS Center



Art: Rex Schmidt, Morgan Autism Center

Register Now

What: SFASA's annual day-long conference focused on planning for the support for Bay Area adults with autism and related developmental disabilities. We expect about 40 presenters and 400 attendees.

Who: Our conferences are aimed at parents and professionals who have responsibilities to support and help make plans for adults with autism. Parents of teens who are planning for adulthood are also encouraged to register.

What's the conference like? Mainstage sessions in the large conference room, with breakouts in the classrooms and lecture halls within the building. The day is fast-paced and info-packed, also featuring information tables hosted by sponsors. For archives of past conferences see [here](#).

Will it be taped? The mainstage sessions will be taped and livestreamed for free.

Is Spanish translation available? Yes.

How much? Full-day tickets (8am-5pm) are \$75 and include coffee and lunch; Afternoon passes (1-5pm) are \$35 and include coffee.

Where is it? The event takes place at the state-of-the-art Li Ka Shing Center, Stanford University, near the Medical Center. Please note that parking (free) is located about 10 minutes from the Center. Registrants will receive detailed information before the event.

Can I volunteer? Yes! The conference is a labor-of-love volunteer-run event and we always appreciate help. Duties include still photography, time keeping, breakout room assistance, sponsorship calls, and more. Just email us at info@sfaautismsociety.org.

Can I sponsor? Of course. The sponsorship page is [here](#).

Accommodations: Regrets but SFASA does not provide advice regarding hotels or travel.

Comments or questions? Please email us at info@sfaautismsociety.org.

Register Now

Agenda Overview

(Detailed session information will be posted to our [conference page](#) in October)

All items / times are subject to change.

Morning Sessions (8am-1pm)

Registration

Introduction

Thinking Big: Housing Innovations Across the Country



Denise Resnik

First Place, Phoenix

Christopher Manente

Rutgers Center for Adult Autism Services, NJ

Mark Roth

Luna Azul, Phoenix

Jerry Horton

Point Rider Foundation, Elgin, TX

Desiree Kameka, Autism Housing Network, moderator

Around the Bay: Model-by-Model Housing Overview



Dana Hooper, Life Services Alternatives

Licensed residential homes

Jill Escher, Claradon Properties, LLC

Private landlord model / Section 8

Anna Wang, Peralta Apartments

Family LLC model

Ashley Kim, Elevare Community

Nonprofit housing model

Jan Stokley, Housing Choices Coalition

Set-asides in new developments

Carol Berg, City of Santa Cruz

Accessory dwelling units

Barry Benda, Brilliant Corners

Legacy homes

Desiree Kameka, Autism Housing Network, moderator

Lunch

#AutismMomsLivesMatter



#AUTISMMOMSLIVESMATTER

Feda Almaliti, autism advocate

Visionaries Award



Presented by the chairs

Afternoon Sessions (1-5pm)

Mainstage:

Maximizing Public and Private Resources, from IPPs to ABLE



Jim Huyck, Huyck Consulting

Issues in developing and implementing IPPs

Steve Dale, Law Office of Stephen Dale

Maximizing ABLE and SSI

Karen Park, Bernstein

Ways to fund a special needs trust

Lecture Hall:

Expanding Social Opportunities for Young Adults



Tara Glavin, BCBA, Vanessa Hus Bal, PhD, Whitney Ence, PhD, BCBA, UCSF

Breakout rooms (exact schedule TBA):

Breakout sessions throughout the afternoon

Ken Prodger, financial planner	Navigating the maze of special needs financial planning
Zack Oelerich, LMFT	Helping young adults with verbal autism integrate into the community
Lawrence Fung, MD, PhD, Stanford	Pharmacological treatment in autism/DD
Deb Karhson, PhD, Lawrence Fung, MD, PhD, Stanford	Cannabis in the treatment of autism: Are we ready?
Pamela Lindsay and Deanna Pursai	Breaking boundaries of educational opportunity
Martha Johanson, Sergio Aguilar Gaxiola, MD, UC Davis, Steve Hunt, Juanita Rodriguez, EEOC	Critical employment issues for young adults with ASD: a Spanish language panel
Meg Fields, Aspen Network	Transition model for non regional center clients
David Grady and Sheraden Nicholau, State Council on Developmental Disabilities	Housing advocacy
College Internship Program	Tools for employment success
Stephen Dale	Opening and managing an ABLE account
Karen Park	So you've setup your third party special needs trust; what next?
Kris McCann and Michaela Connery	Focus group on creating a statewide housing plan
Denise Bradley, Harambee	Focus group on employment for adults with severe behaviors
Plus various housing presenters	

Mainstage:

Update on Employment Across the Spectrum



Michael Bernick, author, The Autism Job Club	State policy update
Denise Bradley, Harambee Community Services	Community-based employment programs and outlook
Jan Johnston-Tyler, EvoLibri	Competitive employment programs and outlook
Rowan Timmermann, young man on the autism spectrum	Perspectives from a job seeker

Lecture Hall:

Private Funding and Protecting Assets of Your Special Needs Child



Jon Elfin, Sagemark Consulting

Breakout sessions (see above)

Mainstage:

Hot Topics in Health

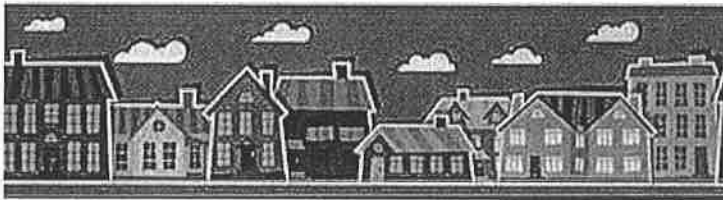


Deb Karhson, PhD, Lawrence Fung, MD, PhD, Stanford
Nikko Da Paz, PhD, UCSF

Cannabis in the treatment of autism: Are we ready?
Is stress your super power?

Lecture Hall:

Housing Q&A Mega-Session



Featuring many of the following (exact list TBA):

Christopher Manente, Rutgers Center for Adult Autism Services, NJ

Mark Roth, Luna Azul, Phoenix

Jerry Horton, Point Rider Foundation, Elgin, TX

Dana Hooper, Life Services Alternatives

Anna Wang, Peralta Apartments

Ashley Kim, Elevare Community

Jan Stokley, Housing Choices Coalition

Carol Berg, City of Santa Cruz

Barry Benda, Brilliant Corners

Desiree Kameka, Autism Housing Network

Kris McCann, Bay Area Housing Corporation

Michaela Connery, developer

David Grady and Sheraden Nicholau, State Council on Developmental Disabilities

[Breakout sessions](#) (see above)

[Mainstage:](#)

Closing Parent Panel

We are grateful to our event partners, the [Stanford Autism Center](#) Parent Advisory Board and the [Autism Housing Network](#).

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Autism Society San Francisco Bay Area

PO Box 249

San Mateo, CA 94401

info@sfautismsociety.org

[772-637-650](tel:772-637-650)

Autism Society San Francisco Bay Area is a volunteer-run, grass-roots organization of parents, family members, friends and professionals concerned about the well-being of local autism families, with an emphasis on expanding the limited lifespan care options for the .dramatically increasing numbers of adults with autism

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Lotspeich, MD, Lawrence Fung, MD, PhD

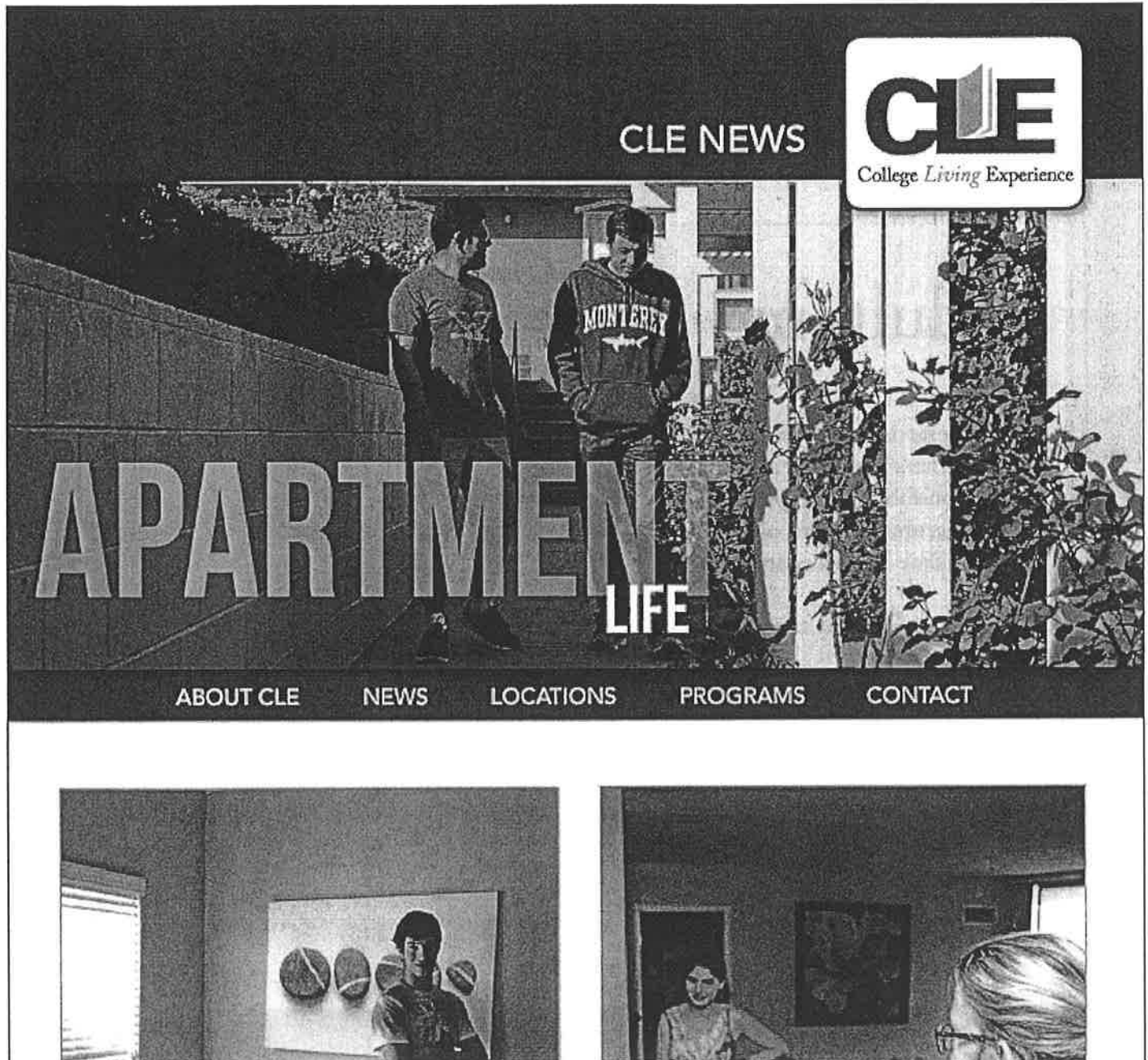
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Bingaman, Sonya@SCDD

From: College Living Experience <socialmedia@experiencecle.com>
Sent: Thursday, September 28, 2017 12:13 PM
To: Bingaman, Sonya@SCDD
Subject: The Real 'Apartment' Lives of CLE Students: Behind the Scenes





Sharing Space: CLE Denver
Roommates Co-Decorating

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adult·ing

(noun)

The practice of behaving in a way characteristic of a responsible adult, especially the accomplishment of mundane but necessary tasks.



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Bingaman, Sonya@SCDD

From: Ana Acton <Ana@freed.org>
Sent: Monday, September 25, 2017 3:51 PM
To: Alicia Pimentel; Ana Acton; anng@ns-pa.org; Barbara Larsen; Caetisha Cash; cls@paratransit.net; Cynthia Schuetz (cynthia43@gmail.com); Darla Landreth; Debra Dworaczyk; Diane Miessler ; Donna Raibley; Eric Gamblin (eric.gamblin@co.nevada.ca.us); Erin Noel (); Gina Cabrera; Jessica Markov; Jon Katis (empire@nccn.net); Jordan Lopez; Karen Marinovich ; Kathryn (Kathi) Gardinier (kgardinier@prideindustries.com); Kelly Carpenter; Kreiter, Stephanie - SNMH (Stephanie.Kreiter@snmh.dignityhealth.org); Lisa Davies (ldavies@chapa-de.org); Liz Matson ; Martha Sheppard ; Mary Tucker (maryt@nccn.net); Michelle Johnson (maj@paratransit.net); mike.dent@co.nevada.ca.us; Mike Ruggles; Nancy Ramsey; Pam Miller; Peter Stack; Robert Polucha; Robin Van Valkenburgh (Robin.vanvalkenburgh@co.nevada.ca.us); Sandra Rose; Sandy "Jake" Jacobson; Sarah Deardorff (sarah@sierraseniors.org); Bingaman, Sonya@SCDD; Susan Healy-Harman (susan.healy-harman@co.nevada.ca.us); Cook, Tamaran@CDSS-Import; Theresa Haleen; Vicki Winters; Vickie Victor (vickie.victor@co.nevada.ca.us)
Subject: FW: Sacramento Advocacy Day Registration
Attachments: Draft Statewide LTSS Message Fact Sheet.docx

Hello Community Partners,

I would like to invite you to come to the SCAN Foundation Advocacy Day on October 25th. If you would like to attend, please let me know and register using the link below.

I have attached the draft talking points that we are still working on developing.

Thank you!

Ana

From: Mariya Kalina, GACI [mailto:Mariya=gacoinstitute.org@mail170.suw14.mcdlv.net] On Behalf Of Mariya Kalina, GACI
Sent: Wednesday, September 6, 2017 2:17 PM
To: Ana Acton <Ana@freed.org>
Subject: Sacramento Advocacy Day Registration

Advocacy Day: Registration is Open!

[View this email in your browser](#)



CALIFORNIA REGIONAL COALITIONS
Sacramento Advocacy Day
October 25, 2017

Dear Advocacy Day Captains,

Registration for our Sacramento Advocacy Day on October 25, 2017 is now open! For specific details on locations, times, etc., please reference the Fall Events Outline. We have also included a few helpful reminders and notes below.

This announcement is only being distributed to Captains, so please be sure to review the information and circulate it among your Advocacy Day team. It's up to you to insure that your team members register by **October 10**.

If you have questions or would like technical assistance, please reach out to Mariya at (916) 832-8019.

-The California Regional Coalitions Staff Team

Notes/ Reminders for Captains

We encourage each Coalition to connect with their **Collaborative liaison**. Please consider inviting your Coalition's liaison to participate in Advocacy Day (either full-day or partial participation). If they are unable to attend, consider extending an invitation for breakfast, lunch, or the networking dinner on October 25. If you are unsure who your Collaborative liaison is, please contact Mariya at (916) 832-8019.

Participation in the morning session (October 25 from 9:30 am - Noon) and networking dinner event (October 25 from 6:00 - 8:30 pm) is limited to Coalition grantees and Collaborative liaisons. We are only able to accommodate 2-3 people per Coalition, plus your Collaborative liaison for these events. However, should you want to invite others (e.g. county lobbyist, additional

Register for Advocacy Day

Quick Links

Fall Regional Coalition
Events Outline (October
25-26)

Make a Hotel Reservation

California Endowment
Driving Directions &
Parking Info

Events at a Glance

ADVOCACY DAY
October 25, 2017

Registration Opens
9:00 am

Morning Session
9:30 - Noon

Lunch
Noon - 1:00 pm

Afternoon Session
1:00 - 4:00 pm

NETWORKING DINNER

Coalition members, etc.) you may do so for the afternoon session and the October 26 LTSS Summit. Please see the [events outline](#) for additional information.

Registration for the The SCAN Foundation's annual LTSS Summit is separate from Advocacy Day Registration. If you are planning to attend the Summit, please [register for this event](#) at your earliest convenience.

Archived materials for Advocacy Day are available online! Check back often - we will be adding resources as they become available. The password is [RCLTSS2017](#) (all caps).

We intend all activities and information be accessible to people with disabilities. If you have disability-related needs, please contact Mariya at (916) 832-8019 for assistance.

Government Action & Communication Institute (GACI) provides staffing for the monthly Regional Coalition webinars.

October 25, 2017

6:00 - 8:30 pm

TSF SUMMIT

October 26, 2017

Registration Opens
8:00 am

Formal Sessions
9:00 - 4:00 pm

Networking Reception
4:30 - 6:00 pm

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